

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045926

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1490

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 80 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2315 Lafayette		d. STREET ADDRESS (If outside, give location) 2315 Lafayette	
3. NAME OF DECEASED (Type or print) First ANNA Middle CAROLINA Last BRUNKE		4. DATE OF DEATH Month December Day 29 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/28/1872
9. AGE (last birthday) 90		10. IF UNDER 1 YEAR Months 10 Days 8 Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME unknown Wille		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Louis H.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Arthur Brunke, 2315 Lafayette, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arterial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 10:10 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Missouri STATE Missouri	
21. I attended the deceased from 10-13-1952 to 12-29-63 and last saw her alive on 12-27-63 Death occurred at 12:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.C. Senne M.D. (Degree or title)		22b. ADDRESS 213 N 7th St. Joseph Mo	
22c. DATE SIGNED 12-31-62		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 12/31/1962		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph		23e. (State) Missouri	
24. FUNERAL DIRECTOR Heston-Bauman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan 4, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

H.C. Senne, M.D. MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 5117
2 5117
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4 1
5 2
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7 2
8 2
9 443X
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12 90-0
13 1-0

JAN 16 1963

Permit issued 12/26/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3824

P. O. Address 314 S. 10th St. Joseph, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.